Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5432AGC	A. BUILDING _____ B. WING _____	10/14/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW CONNECTIONS GROUP CARE HOME	820 ANTIGUA ST LAS VEGAS, NV 89145

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 27364 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 10/14/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of "B" The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by:	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 Surveyor: 27364 Based on record review on 10/14/09, the facility failed to ensure 4 of 7 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employees #3, #5, #6 and #7). Employee #3 had evidence of a chest X-Ray, but needs evidence of a positive TB skin test or acknowledgement by a physician. Employee #5 needs a 2 step TB skin test. Employees #6 & #7 files were not available for review. Severity: 2 Scope: 3	Y 103		
Y 108 SS=C	449.200(3) Per File - Storage & Availability NAC 449. 200 3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of the facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the bureau within 72 hours after the bureau requests to review the files.	Y 108		

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Y 108	Continued From page 2 This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review and interview on 10/14/09, the facility failed to ensure caregiver tuberculosis records, proof of first aid and cardiopulmonary resuscitation training were available for review at all times. A copy of Employee's #6 and #7 TB records were not available for review at the time of the survey. Severity: 1 Scope: 3	Y 108		
Y 320 SS=C	449.220(1) Bedroom Doors - Locks NAC 449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 10/14/09, the facility failed to ensure 3 of 3 bedroom doors were equipped with a lock that can be opened with a single motion from the inside. Severity: 1 Scope: 3	Y 320		
Y 356 SS=C	449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to	Y 356		

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Y 356	Continued From page 3 open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 10/14/09, the facility failed to ensure 2 of 2 bathroom doors were equipped with a lock that can be opened with a single motion from the inside. Severity: 1 Scope: 3	Y 356		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 10/14/09, the facility failed to ensure the facility the door alarms on all exit doors to the facility were activated at all times. Both front and rear door alarms were not activated at the time of the survey. Severity: 2 Scope: 3	Y 991		